

Georgia Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
APPLING	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-					*			97	*
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*				*			97	*
			HumanaChoicePPO PPO R5826-031			*		\$86.00	\$21.32		*						97	*
			HumanaChoicePPO PPO R5826-004			*		\$97.00	\$32.47	*				*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*
				HumanaChoicePPO PPO R5826-017			*		\$50.00	-								
ATKINSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*				*			97	*
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
			HumanaChoicePPO PPO R5826-004			*		\$97.00	\$32.47	*				*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*
				HumanaChoicePPO PPO R5826-017			*		\$50.00	-								
	BACON	Humana Insurance Company	Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*				*			97
HumanaChoicePPO PPO R5826-031					*			\$86.00	\$21.32		*						97	*
			HumanaChoicePPO PPO R5826-004			*		\$97.00	\$32.47	*				*			97	*
InStil Health Insurance Company		InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*
				HumanaGold Choice PFFS H1804-006			*		\$0.00	\$0.00	*				*			97
BAKER		Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-								
	HumanaChoicePPO PPO R5826-031				*			\$86.00	\$21.32		*						97	*
			HumanaChoicePPO PPO R5826-004			*		\$97.00	\$32.47	*				*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*
				Blue Cross Blue Shield Healthcare Plan of Georgia					\$29.00	-								
	BALDWIN	Humana Insurance Company	SmartValue Classic				*		\$29.00	-								
SmartValue Plus						*		\$34.00	\$21.76			*	*				88	*
			HumanaChoicePPO PPO R5826-017			*		\$50.00	-					*				
			Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*			*			97	*
			HumanaChoicePPO PPO R5826-031			*		\$86.00	\$21.32		*						97	*
			HumanaChoicePPO PPO R5826-004			*		\$97.00	\$32.47	*				*			97	*
InStil Health Insurance Company		InStil InChoice Option I - Regional			*			\$12.00	-									
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*
		InStil InChoice Option II - Regional			*			\$60.00	-									
	InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*	
			SecureHorizons Direct				*		\$25.00	-								
BARTOW	SecureHorizons Direct	SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
		United Healthcare Insurance Company	Evercare Plan IP		*				\$27.13	\$27.13	*			*			97	*
		Evercare Plan DP		*				\$33.15	\$33.15	*			*			97	*	

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
BANKS	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
		Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*			97	*
			HumanaChoicePPO PPO R5826-017			*				\$50.00	-							
			HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*				97	*
			HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*			97	*
		InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-							
			InStill InCare				*			\$30.00	-							
			InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*		*			96	*
			InStill InChoice Option II - Regional			*				\$60.00	-							
			InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*		96	*
			SecureHorizons Direct				*			\$25.00	-							
			SecureHorizons Direct Premier Plan 4				*			\$95.00	-							
BARROW	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
		Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*			97	*
			HumanaChoicePPO PPO R5826-017			*				\$50.00	-							
			HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*				97	*
			HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*			97	*
		InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-							
			InStill InCare				*			\$30.00	-							
			InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*		*			96	*
			InStill InChoice Option II - Regional			*				\$60.00	-							
			InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*		96	*
			SecureHorizons Direct				*			\$0.00	-							
			SecureHorizons Direct Premier Plan 100				*			\$85.00	-							
BARTOW	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*		*				97	*
	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
		Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*			97	*
			HumanaChoicePPO PPO R5826-017			*				\$50.00	-							
			HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*				97	*
			HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*			97	*
		InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-							
			InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*		*			96	*
			InStill InChoice Option II - Regional			*				\$60.00	-							
			InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*		96	*
			SecureHorizons Direct				*			\$0.00	-							
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-							
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*		*				97	*

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Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																	
BEN HILL	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-	*			*				97	*	
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*			*				97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*		*				97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-				*						
		InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStill InChoice Option II - Regional			*			\$60.00	-				*						
		InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*		\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-										
BERRIEN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*		\$29.00	-										
		SmartValue Plus				*		\$34.00	\$21.76			*	*				88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-				*						
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*			*				97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*		*				97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-				*						
		InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStill InChoice Option II - Regional			*			\$60.00	-				*						
		InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*		\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-										
	BIBB	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*		\$43.00	\$30.89	*			*				97	*
			HumanaChoicePPO PPO R5826-017			*			\$50.00	-				*					
HumanaChoicePPO PPO R5826-031					*			\$86.00	\$21.32		*		*				97	*	
HumanaChoicePPO PPO R5826-004					*			\$97.00	\$32.47	*			*				97	*	
InStill Health Insurance Company		InStill InChoice Option I - Regional			*			\$12.00	-				*						
		InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStill InChoice Option II - Regional			*			\$60.00	-				*						
		InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
SecureHorizons Direct		SecureHorizons Direct Plan 4				*		\$25.00	-										
		SecureHorizons Direct Premier Plan 100				*		\$95.00	-										
United Healthcare Insurance Company		Evercare Plan IP		*				\$27.13	\$27.13	*			*				97	*	
		Evercare Plan DP		*				\$33.15	\$33.15	*			*				97	*	
BLECKLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-	*			*				97	*	
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*			*				97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*		*				97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-				*						
		InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStill InChoice Option II - Regional			*			\$60.00	-				*						
		InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
BRANTLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-	*			*				97	*	
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*			*				97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*		*				97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-				*						
		InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStill InChoice Option II - Regional			*			\$60.00	-				*						
		InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
BROOKS	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-					*				
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*				*			97	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*			*			97	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-					*				
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	
		InStil InChoice Option II - Regional			*			\$60.00	-					*				
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	
BRYAN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*		\$29.00	-					*	*			
		SmartValue Plus				*		\$34.00	\$21.76			*		*			88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*		\$43.00	\$30.89	*				*			97	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-					*				
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*			*			97	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-					*				
		InStil InChoice - Option I		*				\$40.00	-					*				
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	
		InStil InChoice Option II - Regional			*			\$60.00	-					*				
		InStil InChoice - Option I		*				\$76.00	\$35.69	*				*			96	
		InStil InChoice - Option II		*				\$87.00	-					*				
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	
		InStil InChoice - Option II		*				\$130.00	\$43.31	*				*	*		96	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-					*				
		SecureHorizons Direct Premier Plan 100				*		\$95.00	-					*				
	Sterling Option I	Sterling Option I				*		\$9.00	-					*				
BULLOCH	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-					*				
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*				*			97	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*			*			97	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-					*				
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	
		InStil InChoice Option II - Regional			*			\$60.00	-					*				
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	
	Sterling Option I	Sterling Option I				*		\$9.00	-					*				
BURKE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*		\$9.00	-					*				
		SmartValue Plus				*		\$11.00	\$6.00			*		*			88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*		\$0.00	\$0.00	*				*			97	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-					*				
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*			*			97	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-					*				
		InStil InChoice - Option I		*				\$22.00	-					*				
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	
		InStil InChoice - Option I		*				\$58.00	\$35.73	*				*			96	
		InStil InChoice Option II - Regional			*			\$60.00	-					*				
		InStil InChoice - Option II		*				\$70.00	-					*				
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	
		InStil InChoice - Option II		*				\$113.00	\$43.38	*				*	*		96	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*		\$0.00	-					*				
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-					*				
	Sterling Option I	Sterling Option I				*		\$9.00	-					*				

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County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BUTTS	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*			*			97	*
CALHOUN	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
CAMDEN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			*				\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
CANDLER	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			*				\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
CARROLL	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			•	•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$0.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		SecureHorizons Direct	SecureHorizons Direct Plan 4			•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200			•				\$85.00	-								
CATOOSA	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			•	•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
CHARLTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			•	•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
CHATHAM	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			•	•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice - Option I			•				\$40.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice - Option I			•				\$76.00	\$35.69	•			•			96	•
		InStil InChoice - Option II			•				\$87.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		InStil InChoice - Option II			•				\$130.00	\$43.31	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CHATTAHOOCHEE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$0.00	-								
		InStil InChoice - Option I		•					\$0.00	\$0.00	•			•			96	•
		InStil InChoice - Option II		•					\$11.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option II		•					\$53.00	\$41.64	•			•	•		96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
CHATTOOGA	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service									Generics Only	Generics and Brands		
County	Organization Name	Plan Name									Zero	Reduced	Standard (\$250)					
CHEROKEE	Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*						\$20.97	\$20.97			*				88	*
		BlueValue Secure	*						\$32.00	\$22.36	*			*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001		*					\$28.00	\$10.01	*			*	*		97	*
		HumanaChoicePPO PPO H5214-003		*					\$33.12	\$33.12	*			*	*		97	*
		Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*	*		97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031		*					\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*	*		97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*	*		96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*		*	*		68	
		Kaiser Permanente Senior Advantage Sterling Option I	*				*		\$35.00	\$0.00	*			*	*		68	
	Sterling Option I	Sterling Option I				*			\$9.00	-								
CLARKE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006			*	*			\$0.00	\$0.00	*			*	*		97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*	*		97	*
	Instil Health Insurance Company	InStil InChoice - Option I		*					\$0.00	-								
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InCare				*			\$30.00	-								
		InStil InChoice - Option I		*					\$36.00	\$36.00	*			*	*		96	*
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*	*		96	*
		InStil InChoice - Option II		*					\$47.00	-								
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice - Option II		*					\$90.00	\$43.16	*			*	*		96	*
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
CLAY	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006			*	*			\$0.00	\$0.00	*			*	*		97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*	*		97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-				*	*			
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*	*		96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
CLAYTON	Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*						\$20.97	\$20.97			*				88	*
		BlueValue Secure	*						\$32.00	\$22.36	*			*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001		*					\$28.00	\$10.01	*			*	*		97	*
		HumanaChoicePPO PPO H5214-003		*					\$33.12	\$33.12	*			*	*		97	*
		Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*	*		97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*	*		97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*	*		96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*		*	*		68	
		Kaiser Permanente Senior Advantage	*						\$35.00	\$0.00	*			*	*		68	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*			*	*		97	*
CLINCH	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-	*			*	*		97	*
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*	*		97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*		*	*		97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*	*		97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*	*		96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
COBB	Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*						\$20.97	\$20.97			*				88	*
		BlueValue Secure	*						\$32.00	\$22.36	*			*	*		88	*
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001		*					\$28.00	\$10.01	*			*	*		97	*
		HumanaChoicePPO PPO H5214-003		*					\$33.12	\$33.12	*			*	*		97	*
		Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*	*		97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*		*	*		97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*	*		97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*	*		96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*		*	*		68	
		Kaiser Permanente Senior Advantage	*						\$35.00	\$0.00	*			*	*		68	
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*			*	*		97	*
		Evercare Plan DP		*					\$33.15	\$33.15	*			*	*		97	*

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost				Coverage				Convenience				
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service									Generics Only	Generics and Brands				
County	Organization Name	Plan Name									Zero	Reduced	Standard (\$250)							
COFFEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00												
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*				*			97	*		
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*		
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	*		
		InStil InChoice Option I - Regional			*			\$12.00	-											
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*		
		InStil InChoice Option II - Regional			*			\$60.00	-											
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*		
		COLQUITT	HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
			Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*				*			97	*	
COLUMBIA	Humana Insurance Company	HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*		
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	*		
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-											
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*		
		InStil InChoice Option II - Regional			*			\$60.00	-											
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*		
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-										
			SecureHorizons Direct Premier Plan 100				*		\$95.00	-										
		COOK	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*		\$9.00	-									
				SmartValue Plus				*		\$11.00	\$6.00			*	*			88	*	
Humana Insurance Company	Humana Gold Choice PFFS H1804-006					*		\$0.00	\$0.00	*			*			97	*			
	HumanaChoicePPO PPO R5826-017				*			\$50.00	-											
InStil Health Insurance Company	HumanaChoicePPO PPO R5826-031				*			\$86.00	\$21.32		*						97	*		
	HumanaChoicePPO PPO R5826-004				*			\$97.00	\$32.47	*				*			97	*		
	InStil InChoice Option I - Regional				*			\$12.00	-											
	InStil InChoice - Option I			*				\$22.00	-											
	InStil InCare					*		\$30.00	-											
	InStil InChoice Option I - Regional				*			\$47.00	\$35.28	*				*			96	*		
	InStil InChoice - Option I			*				\$58.00	\$35.73	*				*			96	*		
	InStil InChoice Option II - Regional				*			\$60.00	-											
SecureHorizons Direct	InStil InChoice - Option II			*				\$70.00	-											
	InStil InChoice Option II - Regional				*			\$102.00	\$41.87	*				*	*		96	*		
COFFEE	Humana Insurance Company		InStil InChoice - Option II		*				\$113.00	\$43.38	*				*	*		96	*	
			SecureHorizons Direct Plan 1				*		\$0.00	-										
	Sterling Option I		SecureHorizons Direct Premier Plan 200				*		\$85.00	-										
			Sterling Option I				*		\$9.00	-										
	United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx	*					\$0.00	\$0.00	*				*			97	*		
		UnitedHealthcare Medicare Complete	*					\$0.00	-											
	InStil Health Insurance Company	Evercare Plan DH-ES	*					\$18.61	\$18.61	*				*			97	*		
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-											
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*				*			97	*		
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*		
HumanaChoicePPO PPO R5826-004				*			\$97.00	\$32.47	*				*			97	*			
InStil InChoice Option I - Regional				*			\$12.00	-												
InStil InChoice Option I - Regional				*			\$47.00	\$35.28	*				*			96	*			
InStil InChoice Option II - Regional				*			\$60.00	-												
InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*				

Georgia Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
COWETA	Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*						\$20.97	\$20.97			*				88	*
		BlueValue Secure	*						\$32.00	\$22.36	*		*				88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*				97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*				97	*
	InStil Health Insurance Company	InStil InCare				*			\$0.00	-								
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*				96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	*
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*	*	*			68	
		Kaiser Permanente Senior Advantage	*						\$35.00	\$0.00	*		*				68	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
CRAWFORD	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*		*	*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*				96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
CRISP	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*	*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-				*				
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*	*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
DADE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
DAWSON	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			*	*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
DE KALB	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	\$0.00			*	*			85	*
		Aetna Golden Medicare Standard Plan	*						\$40.00	\$36.53	*		*	*			85	*
		Aetna Golden Medicare Premier Plan	*						\$75.00	\$42.07	*		*	*			85	*
		Aetna Golden Choice Standard Plan		*					\$80.00	\$31.46			*	*			85	*
	Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*						\$20.97	\$20.97			*				88	*
		BlueValue Secure	*						\$32.00	\$22.36	*		*				88	*
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001		*					\$28.00	\$10.01	*		*	*			97	*
		HumanaChoicePPO PPO H5214-003		*					\$33.12	\$33.12	*		*				97	*
		Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*				97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*	*				97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-			*					
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*		*				96	*
		InStill InChoice Option II - Regional			*				\$60.00	-			*					
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	*
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*	*				68	
		Kaiser Permanente Senior Advantage	*						\$35.00	\$0.00	*		*				68	
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*		*				97	*
		Evercare Plan DP		*					\$33.15	\$33.15	*		*				97	*
	WellCare	WellCare Prescription Plus	*						\$0.00	\$0.00	*		*	*			85	*
		WellCare Advance	*						\$0.00	-			*					
		WellCare Choice	*						\$0.00	\$0.00	*		*	*			85	*
		WellCare Select	*						\$8.29	\$8.29			*	*			85	*
		WellCare Access	*						\$25.35	\$25.35			*				85	*
DECATUR	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-			*					
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*		*	*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*	*				97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-			*					
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*		*	*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-			*					
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-			*					
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-			*					
DODGE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*					
		Humana Gold Choice PFFS H1804-014			*				\$63.00	\$30.89	*		*	*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*	*	*			97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-			*					
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*		*	*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-			*					
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	*

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
DOOLY	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*				88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*					
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
DOUGHERTY	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			*	*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-							97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*	*				97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
DOUGLAS	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			*	*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-							97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*	*				97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*		*			68	
	SecureHorizons Direct	SecureHorizons Direct Plan 3	*						\$35.00	\$0.00	*			*			68	
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
EARLY	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006			*	*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*	*				97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
ECHOLS	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*			88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*					
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
EFFINGHAM	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			*	*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*	*				97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice - Option I		*					\$40.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice - Option I		*					\$76.00	\$35.69	*			*			96	*
		InStill InChoice - Option II		*					\$87.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		InStill InChoice - Option II		*					\$130.00	\$43.31	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
ELBERT	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*	*				97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InCare				*			\$30.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered	
EMANUEL	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*				*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*				*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InChoice - Option I		*					\$22.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*				*			96	*
		InStil InChoice - Option I		*					\$58.00	\$35.73	*				*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice - Option II		*					\$70.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*				*	*		96	*
		InStil InChoice - Option II		*					\$113.00	\$43.38	*				*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 5				*			\$45.00	-									
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-									
EVANS	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-									
		SmartValue Plus				*			\$34.00	\$21.76			*		*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*					
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*				97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*				96	*
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Sterling Option I	Sterling Option I				*			\$9.00	-									
FANNIN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-									
		SmartValue Plus				*			\$11.00	\$6.00			*		*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*					
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*				97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*				96	*
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-									

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FAYETTE	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*		*			68	
		Kaiser Permanente Senior Advantage	*						\$35.00	\$0.00	*			*			68	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*			*			97	*
FLOYD	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*			*			97	*
FORSYTH	Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*						\$20.97	\$20.97			*				88	*
		BlueValue Secure	*						\$32.00	\$22.36	*			*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001		*					\$28.00	\$10.01	*			*	*		97	*
		HumanaChoicePPO PPO H5214-003		*					\$33.12	\$33.12	*			*			97	*
		Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*		*			68	
		Kaiser Permanente Senior Advantage	*						\$35.00	\$0.00	*			*			68	
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
FRANKLIN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*	*				
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InCare				*			\$30.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-							
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-							
FULTON	Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*						\$20.97	\$20.97			*				88	*
		BlueValue Secure	*						\$32.00	\$22.36	*			*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001		*					\$28.00	\$10.01	*			*	*		97	*
		HumanaChoicePPO PPO H5214-003		*					\$33.12	\$33.12	*			*			97	*
		Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*		*			68	
		Kaiser Permanente Senior Advantage	*						\$35.00	\$0.00	*			*			68	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*			*			97	*
		Evercare Plan DP		*					\$33.15	\$33.15	*			*			97	*
	WellCare	WellCare Prescription Plus	*						\$0.00	\$0.00	*			*	*		85	*
	WellCare Advance	*						\$0.00	-									
	WellCare Choice	*						\$0.00	\$0.00	*			*			85	*	
	WellCare Select	*						\$8.29	\$8.29			*	*			85	*	
	WellCare Access	*						\$25.35	\$25.35			*	*			85	*	
GILMER	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*	*				
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience			
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary				
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands					
County	Organization Name	Plan Name																Mail Order Offered			
GLASCOCK	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-												
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*			*				97	*			
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-031				*			\$86.00	\$21.32		*						97	*		
		HumanaChoicePPO PPO R5826-004				*			\$97.00	\$32.47	*			*				97	*		
		InStil InChoice Option I - Regional				*			\$12.00	-											
		InStil InChoice - Option I		*					\$22.00	-											
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*				96	*		
		InStil InChoice - Option I		*					\$58.00	\$35.73	*			*				96	*		
		InStil InChoice Option II - Regional			*				\$60.00	-											
		InStil InChoice - Option II		*					\$70.00	-											
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*			96	*		
		InStil InChoice - Option II		*					\$113.00	\$43.38	*			*	*			96	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-											
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-											
	Sterling Option I	Sterling Option I				*			\$9.00	-											
						*			\$9.00	-											
GLYNN	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-												
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*				97	*		
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-031				*			\$86.00	\$21.32		*						97	*		
		HumanaChoicePPO PPO R5826-004				*			\$97.00	\$32.47	*			*				97	*		
		InStil InChoice Option I - Regional				*			\$12.00	-											
		InStil InChoice Option I - Regional				*			\$47.00	\$35.28	*			*				96	*		
		InStil InChoice Option II - Regional				*			\$60.00	-											
		InStil InChoice Option II - Regional				*			\$102.00	\$41.87	*			*	*			96	*		
		GORDON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
				Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*				97	*
InStil Health Insurance Company	HumanaChoicePPO PPO R5826-031					*			\$86.00	\$21.32		*						97	*		
	HumanaChoicePPO PPO R5826-004					*			\$97.00	\$32.47	*			*				97	*		
	InStil InChoice Option I - Regional					*			\$12.00	-											
	InStil InChoice Option I - Regional					*			\$47.00	\$35.28	*			*				96	*		
	InStil InChoice Option II - Regional					*			\$60.00	-											
	InStil InChoice Option II - Regional					*			\$102.00	\$41.87	*			*	*			96	*		
	GRADY		Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*		\$9.00	-										
				SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*	
			Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*				97	*
				HumanaChoicePPO PPO R5826-017				*			\$50.00	-									
InStil Health Insurance Company		HumanaChoicePPO PPO R5826-031				*			\$86.00	\$21.32		*						97	*		
		HumanaChoicePPO PPO R5826-004				*			\$97.00	\$32.47	*			*				97	*		
		InStil InChoice Option I - Regional				*			\$12.00	-											
		InStil InChoice Option I - Regional				*			\$47.00	\$35.28	*			*				96	*		
		InStil InChoice Option II - Regional				*			\$60.00	-											
		InStil InChoice Option II - Regional				*			\$102.00	\$41.87	*			*	*			96	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-											
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-											

Georgia Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GREENE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice - Option I		*					\$22.00	-								
		InStill InCare				*			\$30.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice - Option I		*					\$58.00	\$35.73	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice - Option II		*					\$70.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		InStill InChoice - Option II		*					\$113.00	\$43.38	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
GWINNETT	Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*						\$20.97	\$20.97			*				88	*
		BlueValue Secure	*						\$32.00	\$22.36	*			*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001		*					\$28.00	\$10.01	*			*	*		97	*
		HumanaChoicePPO PPO H5214-003		*					\$33.12	\$33.12	*			*			97	*
		Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InCare				*			\$30.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*		*			68	
		Kaiser Permanente Senior Advantage	*						\$35.00	\$0.00	*			*			68	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*			*			97	*
		Evercare Plan DP		*					\$33.15	\$33.15	*			*			97	*

Georgia Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
HABERSHAM	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InCare				*			\$30.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
HALL	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InCare				*			\$30.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*			*			97	*
		Evercare Plan DP		*					\$33.15	\$33.15	*			*			97	*
HANCOCK	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
HARALSON	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*				88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InCare				*			\$0.00	-								
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-							
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-							
HARRIS	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
		SecureCare	*						\$20.97	\$20.97			*				88	*
		BlueValue Secure	*						\$21.00	\$21.00	*			*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InCare				*			\$0.00	-								
		InStil InChoice - Option I		*					\$0.00	\$0.00	*			*			96	*
		InStil InChoice - Option II		*					\$11.00	-								
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
	InStil InChoice - Option II		*					\$53.00	\$41.64	*			*	*		96	*	
	InStil InChoice Option II - Regional			*				\$60.00	-				*					
	InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*		*				97	*
		UnitedHealthcare Medicare Complete	*						\$0.00	-								
		Evercare Plan DH-ES	*						\$18.61	\$18.61	*		*				97	*
HART	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*					
		Humana Gold Choice PFFS H1804-014			*				\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InCare				*			\$30.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience			
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Convenience		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
HEARD	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-										
		SmartValue Plus				*			\$34.00	\$21.76			*				88	*		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*		\$0.00	\$0.00	*			*				97	*	
			HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
			HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
			HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
		InStill Health Insurance Company	InStill InCare				*		\$0.00	-										
			InStill InChoice Option I - Regional			*			\$12.00	-										
			InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
			InStill InChoice Option II - Regional			*			\$60.00	-										
			InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-										
			SecureHorizons Direct Premier Plan 200				*		\$85.00	-										
	HENRY	Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*						\$20.97	\$20.97			*					88	*
			BlueValue Secure	*						\$32.00	\$22.36				*				88	*
		Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*		\$43.00	\$30.89	*			*				97	*	
			HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
			HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
			HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
		InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-				*						
			InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
			InStill InChoice Option II - Regional			*			\$60.00	-										
			InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
		Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only	*					\$16.65	\$16.65			*					68		
			Kaiser Permanente Senior Advantage	*					\$35.00	\$0.00	*			*				68		
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-										
			SecureHorizons Direct Premier Plan 100				*		\$95.00	-										
		Sterling Option I	Sterling Option I				*		\$9.00	-										
HOUSTON	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*			*				97	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*				97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-										
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*				97	*	
		InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-										
			InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
			InStill InChoice Option II - Regional			*			\$60.00	-										
			InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-										

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
IRWIN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-									
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*	
		Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*	*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	JACKSON	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
			SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
Humana Insurance Company		Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*		*	*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*	
Instil Health Insurance Company		InStil InChoice - Option I		*					\$0.00	-									
		InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InCare				*			\$30.00	-									
		InStil InChoice - Option I		*					\$36.00	\$36.00	*		*	*			96	*	
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*	*			96	*	
		InStil InChoice - Option II		*					\$47.00	-									
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice - Option II		*					\$90.00	\$43.16	*		*	*	*		96	*	
	InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*	*		96	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
JASPER	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-									
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*	*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*	*			96	*	
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	JEFF DAVIS	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
			Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*		*	*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*	
InStil Health Insurance Company		InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*	*			96	*	
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*	*		96	*	

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
County	Organization Name	Plan Name																		
JEFFERSON	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-										
		SmartValue Plus				*			\$34.00	\$21.76			*				88	*		
		Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*	
			HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
			HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
			HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
		InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-									
			InStill InChoice - Option I		*					\$22.00	-									
			InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
			InStill InChoice - Option I		*					\$58.00	\$35.73	*			*			96	*	
			InStill InChoice Option II - Regional			*				\$60.00	-									
			InStill InChoice - Option II		*					\$70.00	-									
			InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
			InStill InChoice - Option II		*					\$113.00	\$43.38	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-				*	*				
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-										
	Sterling Option I	Sterling Option I				*			\$9.00	-										
JENKINS	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-										
		SmartValue Plus				*			\$11.00	\$6.00			*	*				88	*	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*	
			HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
			HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
			HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
		InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-									
			InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
			InStill InChoice Option II - Regional			*				\$60.00	-									
			InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	JOHNSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*				97	*
			HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
			HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*				97	*	
		InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-									
			InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
			InStill InChoice Option II - Regional			*				\$60.00	-									
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*		

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
JONES	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*				88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*				97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*				96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*				96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*		*				97	*
LAMAR	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*				88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*		*				97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*				96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*				96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
LANIER	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*				88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*		*				97	*
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*		*					97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*				96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*				96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
LAURENS	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*				97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*		*					97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*				96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*				96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
LEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			•	•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
LIBERTY	Humana Insurance Company	HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice - Option I		•					\$40.00	-								
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice - Option I		•					\$76.00	\$35.69	•			•			96	•
		InStil InChoice - Option II		•					\$87.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		InStil InChoice - Option II		•					\$130.00	\$43.31	•			•	•		96	•
SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									
	SecureHorizons Direct Premier Plan 200				•			\$85.00	-									
LINCOLN	Sterling Option I	Sterling Option I				•			\$9.00	-								
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
		InStil InChoice Option I - Regional			•				\$12.00	-								
	InStil Health Insurance Company	InStil InChoice - Option I		•					\$22.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option I		•					\$58.00	\$35.73	•			•			96	•
InStil InChoice Option II - Regional				•				\$60.00	-									
InStil InChoice - Option II			•					\$70.00	-									
InStil InChoice Option II - Regional				•				\$102.00	\$41.87	•			•	•		96	•	
InStil InChoice - Option II			•					\$113.00	\$43.38	•			•	•		96	•	
SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									
	SecureHorizons Direct Premier Plan 100				•			\$95.00	-									
LONG	Sterling Option I	Sterling Option I				•			\$9.00	-								
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
		InStil InChoice Option I - Regional			•				\$12.00	-								
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
HumanaChoicePPO PPO R5826-031				•				\$86.00	\$21.32		•					97	•	
HumanaChoicePPO PPO R5826-004				•				\$97.00	\$32.47	•			•			97	•	
LOWNDES	Humana Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-									
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
LUMPKIN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*	*				
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
MACON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*	*			
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
MADISON	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	Instil Health Insurance Company	InStil InChoice - Option I		*					\$0.00	-								
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InCare				*			\$30.00	-								
		InStil InChoice - Option I		*					\$36.00	\$36.00	*			*			96	*
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice - Option II		*					\$47.00	-								
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice - Option II		*					\$90.00	\$43.16	*			*	*		96	*
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
MARION	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InCare				*			\$0.00	-								
		InStil InChoice - Option I		*					\$0.00	\$0.00	*			*			96	*
		InStil InChoice - Option II		*					\$11.00	-								
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice - Option II		*					\$53.00	\$41.64	*			*	*		96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
MC DUFFIE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				•			\$9.00	-									
		SmartValue Plus				•			\$11.00	\$6.00			•				88	•	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
			HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
			HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
			HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
		InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
			InStil InChoice - Option I		•					\$22.00	-								
			InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
			InStil InChoice - Option I		•					\$58.00	\$35.73	•			•			96	•
			InStil InChoice Option II - Regional			•				\$60.00	-								
			InStil InChoice - Option II		•					\$70.00	-								
			InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
			InStil InChoice - Option II		•					\$113.00	\$43.38	•			•	•		96	•
		Sterling Option I	Sterling Option I				•			\$9.00	-								
MC INTOSH	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				•			\$9.00	-									
		SmartValue Plus				•			\$11.00	\$6.00			•		•			88	•
		Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
			Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
			HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
			HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
		InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
			InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
			InStil InChoice Option II - Regional			•				\$60.00	-								
			InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
MERIWETHER	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				•			\$9.00	-									
		SmartValue Plus				•			\$11.00	\$6.00			•					88	•
		Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
			HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
			HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
			HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
		InStil Health Insurance Company	InStil InCare				•			\$0.00	-								
			InStil InChoice - Option I		•					\$0.00	\$0.00	•			•			96	•
			InStil InChoice - Option II		•					\$11.00	-								
			InStil InChoice Option I - Regional			•				\$12.00	-								
			InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
			InStil InChoice - Option II		•					\$53.00	\$41.64	•			•	•		96	•
			InStil InChoice Option II - Regional			•				\$60.00	-								
			InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
MILLER	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-				*				
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
MITCHELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
MONROE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*			*			97	*
MONTGOMERY	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
MORGAN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InCare				*			\$30.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
MURRAY	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
MUSCOGEE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
		SecureCare	*						\$20.97	\$20.97			*				88	*
	Humana Insurance Company	BlueValue Secure	*						\$21.00	\$21.00	*			*			88	*
		Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InCare				*			\$0.00	-								
		InStill InChoice - Option I		*					\$0.00	\$0.00	*			*			96	*
		InStill InChoice - Option II		*					\$11.00	-								
		InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice - Option II		*					\$53.00	\$41.64	*			*	*		96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete	*						\$0.00	-								
		Evercare Plan DH-ES	*						\$18.61	\$18.61	*			*			97	*

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
NEWTON	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-									
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
			SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
		Sterling Option I	Sterling Option I				*			\$9.00	-								
	OCONEE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*	
Humana Insurance Company		Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
Instil Health Insurance Company		InStil InChoice - Option I		*					\$0.00	-									
		InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InCare				*			\$30.00	-									
		InStil InChoice - Option I		*					\$36.00	\$36.00	*			*			96	*	
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStil InChoice - Option II		*					\$47.00	-									
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice - Option II		*					\$90.00	\$43.16	*			*	*		96	*	
	InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*		
OGLETHORPE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*	
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	Instil Health Insurance Company	InStil InChoice - Option I		*					\$0.00	-									
		InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InCare				*			\$30.00	-									
		InStil InChoice - Option I		*					\$36.00	\$36.00	*			*			96	*	
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStil InChoice - Option II		*					\$47.00	-									
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice - Option II		*					\$90.00	\$43.16	*			*	*		96	*	
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
PAULDING	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		Kaiser Permanente Senior Advantage B Only	*						\$16.65	\$16.65		*		*			68	
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage	*						\$35.00	\$0.00	*			*			68	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-							
		SecureHorizons Direct Premier Plan 100				*				\$95.00	-							
		Sterling Option I				*				\$9.00	-							
PEACH	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			*				\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		InStill InChoice Option II - Regional			*				\$0.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
PICKENS	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		InStill InChoice Option II - Regional			*				\$25.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$95.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$0.00	-								
PIERCE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			*				\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
PIKE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*				88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
POLK	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			*				\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
PULASKI	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			*				\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
PUTNAM	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			*				\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
QUITMAN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InCare				*			\$0.00	-								
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
RABUN	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*			*				97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
	RANDOLPH	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*		\$0.00	\$0.00	*			*					
			HumanaChoicePPO PPO R5826-017			*			\$50.00	-								97	*
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
InStil Health Insurance Company		InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
RICHMOND		Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*		\$9.00	-									
			SmartValue Plus				*		\$11.00	\$6.00			*	*				88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*		\$0.00	\$0.00	*			*				97	*	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice - Option I		*				\$22.00	-										
		InStil InCare				*		\$30.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStil InChoice - Option I		*				\$58.00	\$35.73	*			*				96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
	ROCKDALE	Blue Cross Blue Shield Healthcare Plan of Georgia	InStil InChoice - Option II		*				\$70.00	-									
			InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*
			InStil InChoice - Option II		*				\$113.00	\$43.38	*			*	*			96	*
SecureHorizons Direct Plan 1						*		\$0.00	-										
SecureHorizons Direct		SecureHorizons Direct Premier Plan 200				*		\$85.00	-										
		Sterling Option I				*		\$9.00	-										
United Healthcare Of Georgia, Inc.		UnitedHealthcare Medicare Complete Rx	*					\$0.00	\$0.00	*			*				97	*	
		UnitedHealthcare Medicare Complete	*					\$0.00	-										
		Evercare Plan DH-ES	*					\$18.61	\$18.61	*			*				97	*	
ROCKDALE		Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*					\$20.97	\$20.97			*					88	*
	BlueValue Secure		*					\$32.00	\$22.36	*			*				88	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*		\$43.00	\$30.89	*			*				97	*	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*			*				97	*	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*			\$12.00	-										
		InStil InChoice Option I - Regional			*			\$47.00	\$35.28	*			*				96	*	
		InStil InChoice Option II - Regional			*			\$60.00	-										
		InStil InChoice Option II - Regional			*			\$102.00	\$41.87	*			*	*			96	*	
		SecureHorizons Direct Plan 3				*		\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-										
	Sterling Option I	Sterling Option I				*		\$9.00	-										
	United Healthcare Insurance Company	Evercare Plan IP		*				\$27.13	\$27.13	*			*				97	*	

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
SCHLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-					*			97	*	
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*				*			97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-					*					
		InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*	
		InStill InChoice Option II - Regional			*			\$60.00	-										
		InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*	
					*			\$50.00	-					*					
SCREVEN	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*			\$50.00	-					*			97	*	
		Humana Gold Choice PFFS H1804-014				*		\$63.00	\$30.89	*				*			97	*	
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-					*					
		InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*	
		InStill InChoice Option II - Regional			*			\$60.00	-										
		InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*	
					*			\$9.00	-					*					
SEMINOLE	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*		\$0.00	\$0.00	*				*			97	*	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-					*					
		InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*	
		InStill InChoice Option II - Regional			*			\$60.00	-										
		InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*	
					*			\$43.00	\$30.89	*				*			97	*	
SPALDING	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*		\$43.00	\$30.89	*				*			97	*	
		HumanaChoicePPO PPO R5826-017			*			\$50.00	-										
		HumanaChoicePPO PPO R5826-031			*			\$86.00	\$21.32		*						97	*	
		HumanaChoicePPO PPO R5826-004			*			\$97.00	\$32.47	*				*			97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-					*					
		InStill InChoice Option I - Regional			*			\$47.00	\$35.28	*				*			96	*	
		InStill InChoice Option II - Regional			*			\$60.00	-										
		InStill InChoice Option II - Regional			*			\$102.00	\$41.87	*				*	*		96	*	
					*			\$25.00	-					*	*				
STEPHENS	United Healthcare Insurance Company	Evercare Plan IP		*				\$27.13	\$27.13	*				*			97	*	
		Blue Cross Blue Shield Healthcare Plan of Georgia																	
		SmartValue Classic				*			\$9.00	-									
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*				*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*				*		97	*	
		InStill Health Insurance Company	InStill InChoice Option I - Regional			*			\$12.00	-									
		InStill InCare				*			\$30.00	-									
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*				*		96	*	
		InStill InChoice Option II - Regional			*				\$60.00	-									
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*				*	*	96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
STEWART	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-									
		SmartValue Plus				*			\$34.00	\$21.76			*				88	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InCare				*			\$0.00	-									
		InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	SUMTER	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
			SmartValue Plus				*			\$34.00	\$21.76			*				88	*
Humana Insurance Company		Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
InStil Health Insurance Company		InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStil InChoice Option II - Regional			*				\$60.00	-									
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
TALBOT		Blue Cross Blue Shield Healthcare Plan of Georgia	SecureCare	*						\$20.97	\$20.97			*				88	*
			BlueValue Secure	*						\$21.00	\$21.00	*			*			88	*
			SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*				88	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-									
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStil Health Insurance Company	InStil InCare				*			\$0.00	-									
		InStil InChoice - Option I		*					\$0.00	\$0.00	*			*			96	*	
		InStil InChoice - Option II		*					\$11.00	-									
		InStil InChoice Option I - Regional			*				\$12.00	-									
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStil InChoice - Option II		*					\$53.00	\$41.64	*			*	*		96	*	
		InStil InChoice Option II - Regional			*				\$60.00	-									
	InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*		
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									

Georgia Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
TALIAFERRO	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*		*			97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-				*				
		InStil InChoice - Option I		*					\$22.00	-								
		InStil InCare				*			\$30.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice - Option I		*					\$58.00	\$35.73	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice - Option II		*					\$70.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		InStil InChoice - Option II		*					\$113.00	\$43.38	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
TATTNALL	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*		*			97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
TAYLOR	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006			*				\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*		*			97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
TELFAIR	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			*				\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*		*			97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-								
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
TERRELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-006			•	•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00									
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
THOMAS	Humana Insurance Company	HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
	InStil Health Insurance Company	InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		SecureHorizons Direct				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
TIFT	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			•	•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		SecureHorizons Direct				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
TOOMBS	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			•	•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
TOWNS	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014			•	•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		SecureHorizons Direct				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
TREUTLEN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*				*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*				88	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-							97	
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*				97	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-							*	
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*				96	
		InStil InChoice Option II - Regional			*				\$60.00	-							*	
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*				96	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
TROUP	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*				88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*		*				97	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-							*	
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*				97	
	InStil Health Insurance Company	InStil InCare				*			\$0.00	-							*	
		InStil InChoice Option I - Regional			*				\$12.00	-								
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*				96	
		InStil InChoice Option II - Regional			*				\$60.00	-							*	
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
TURNER	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*				88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*				97	
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-							*	
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*				97	
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-							*	
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*		*				96	
		InStil InChoice Option II - Regional			*				\$60.00	-							*	
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
TWIGGS	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*		*	*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*		*	*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
UNION	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$9.00	-								
		SmartValue Plus				*			\$11.00	\$6.00			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-				*				
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*		*	*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*		*	*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
UPSON	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*		*	*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*		*	*			97	*
	InStill Health Insurance Company	InStill InCare				*			\$0.00	-								
		InStill InChoice - Option I		*					\$0.00	\$0.00	*		*	*			96	*
		InStill InChoice - Option II		*					\$11.00	-								
		InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*		*	*			96	*
		InStill InChoice Option II - Regional		*					\$53.00	\$41.64	*		*	*	*		96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*		*	*			96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$27.13	\$27.13	*		*	*			97	*

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
WALKER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
WALTON	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InCare				*			\$30.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
	SecureHorizons Direct	InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
		Sterling Option I				*			\$50.00	-								
WARE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
WARREN	Humana Insurance Company	HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice - Option I		*					\$22.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice - Option I		*					\$58.00	\$35.73	*			*			96	*
	InStill Health Insurance Company	InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice - Option II		*					\$70.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
		InStill InChoice - Option II		*					\$113.00	\$43.38	*			*	*		96	*
Sterling Option I	Sterling Option I				*			\$9.00	-									

Georgia Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
WASHINGTON	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*				88	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
WAYNE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
WEBSTER	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InCare				*			\$0.00	-								
		InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
WHEELER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*
WHITE	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-								
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				*			\$63.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-								
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStill InChoice Option II - Regional			*				\$60.00	-								
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered	
WHITFIELD	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-									
		SmartValue Plus				*			\$34.00	\$21.76			*				88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*						
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*			97	*	
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-									
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStill InChoice Option II - Regional			*				\$60.00	-									
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
			SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
WILCOX	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-									
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*	*					
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*			97	*	
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-									
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStill InChoice Option II - Regional			*				\$60.00	-									
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
			SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
WILKES	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic				*			\$29.00	-									
		SmartValue Plus				*			\$34.00	\$21.76			*	*			88	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*	*					
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*			97	*	
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-									
		InStill InCare			*	*			\$30.00	-									
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStill InChoice Option II - Regional			*				\$60.00	-									
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Sterling Option I	Sterling Option I				*			\$9.00	-									
WILKINSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			*				\$50.00	-			*	*					
		Humana Gold Choice PFFS H1804-014			*	*			\$63.00	\$30.89	*			*			97	*	
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*	
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*	
	InStill Health Insurance Company	InStill InChoice Option I - Regional			*				\$12.00	-									
		InStill InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*	
		InStill InChoice Option II - Regional			*				\$60.00	-									
		InStill InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
			SecureHorizons Direct Premier Plan 100				*			\$95.00	-								

Georgia Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
WORTH	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				*			\$43.00	\$30.89	*			*			97	*
		HumanaChoicePPO PPO R5826-017			*				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			*				\$86.00	\$21.32		*					97	*
		HumanaChoicePPO PPO R5826-004			*				\$97.00	\$32.47	*			*			97	*
	InStil Health Insurance Company	InStil InChoice Option I - Regional			*				\$12.00	-				*				
		InStil InChoice Option I - Regional			*				\$47.00	\$35.28	*			*			96	*
		InStil InChoice Option II - Regional			*				\$60.00	-				*				
		InStil InChoice Option II - Regional			*				\$102.00	\$41.87	*			*	*		96	*